



To be filed by the design professional in general responsible charge at completion of project, when services in connection with project are terminated, when work stops for more than one month, or when any building of the project is occupied.

Check all applicable boxes:	<input type="checkbox"/> Final - Work 100% complete <input type="checkbox"/> Work not completed (indicate at "★" below) <input type="checkbox"/> Building(s) _____ occupied	<input type="checkbox"/> Terminating <input type="checkbox"/> Work Stopped	DSA File No. _____ DSA Application No. _____
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This report includes all construction work through the date of: _____ month _____ day _____ year	
School District/Owner	Project Name (School)
Scope of Work	Contract Amount \$

INDICATE IN EACH APPLICABLE CATEGORY	% COMPLETE	INDICATE IN EACH APPLICABLE CATEGORY	% COMPLETE
Site work		Fire Alarm System	
Foundation		Fire Sprinklers & Suppression Systems	
Structural Frame		Access, Gates & Fire Flow	
Electrical (including grounding systems)		Accessible Parking	
Plumbing		Ramps/Elevators/Lifts	
Mechanical		Accessible Restrooms	
Finishes		Accessibility Signage	

<b>Total Project Completion</b> (estimate total percentage of completion for projects where work is not complete):	<input style="width: 100%;" type="text"/>
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★List work to be completed (attach additional pages as necessary):

<b>Total Number of Change Orders at Close of Project:</b>	<input style="width: 100%;" type="text"/>
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<b>AFFIDAVIT OF RESPONSIBLE PARTIES</b> I know of my own personal knowledge that all construction has, in every material respect, been performed in compliance with the DSA approved documents. I declare under penalty of perjury that I prepared this report and that all statements are true.	<i>Original signatures are required</i>
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<b>Design Professional</b> in general responsible charge for observation of the work	
Signature _____	Print Name _____
Date ____ - ____ - ____	
Address _____ City _____ State _____ Zip _____	

<b>Structural Engineer</b> delegated responsibility for observation of the work	
Signature _____	Print Name _____
Date ____ - ____ - ____	
Address _____ City _____ State _____ Zip _____	

<b>Mechanical Engineer</b> delegated responsibility for observation of the work	
Signature _____	Print Name _____
Date ____ - ____ - ____	
Address _____ City _____ State _____ Zip _____	

<b>Electrical Engineer</b> delegated responsibility for observation of the work	
Signature _____	Print Name _____
Date ____ - ____ - ____	
Address _____ City _____ State _____ Zip _____	